1: Longrigg G-4, 5 (ca. 1915-1940) MH1 Iraq MH1

652 moment when the public of a new State would hope for eager development. Hospitals and dispensaries must, for the time, be barely maintained: schools could be only slightly increased, secondary and technical education could expand far less than the public desire and need indicated. The Ministry of Health and Education was divided into two, that of Health later to become a mere Department of Interior. Few public works, it was evident, could be attempted; roads must remain rough unsurfaced tracks. The Agricultural Department could but continue its work of research and demonstration upon a minor scale, that of Irrigation must be content with maintenance and minor works.

631 In the liwās,[1] the alterations from Turkish administrative units and their grouping which had been made in the period from 1917 to 1920 were gradually reintroduced. The status of Sulaymaniya, as will be seen, varied from month to month. Kut, detached from Baghdad, became a liwā early in 1922. Arbil, a sub-liwā of Kirkuk in 1921, was separated from it in 1923. Diwaniya broke off from Ḥilla. No more was heard of Baṣra separatism. The Divisional Councils of pre-insurrection days were dead; the Turkish 'Administrative Councils' of officials and notables returned to life at each liwā and qadhā. 'Iraqi administrative officials, Mutaṣarrifs and Qa'immaqams, set to work amicably in most areas with their British colleagues, who, almost to a man, loyally supported the new régime; but in the provinces, as in the central Government, the difficulties of divided control were soon, though not everywhere, to manifest themselves.

632 In the municipalities, a number of the services installed by the British Army were passed over to the Mayors and their Councils. The latter from early in 1922 were no longer nominated but once again chosen by election under the reintroduced Turkish regulations. Municipal pride developed, and signs of keen local initiative —cramped, unfortunately, by poverty—were apparent in the three 204 larger and many smaller towns. Newspapers, all privately owned save at Kirkuk and Sulaymaniya, began to multiply; and an 'Iraq • 747 814 *Government Gazette* came into being. Literary and charitable institutions revived or came to birth, designed not least to combat

[1] The British Administrative Inspectors in liwās or in the Ministry of Interior, early in 1923, were: C. J. Edmonds, G. V. B. Gillan, C. C. Aston,* S. G. C. Murray, H. M. Flaxman, E. C. H. Alban,* W. A. Lyon,* A. F. Miller,* E. S. Berry,* L. Kettlewell, S. E. Hedgcock, H. C. Pulley, R. E. Alderman,* W. C. F. A. Wilson,* L. M. Yetts, G. C. Kitching,* J. F. D. Jeffreys, L. W. Reed, S. H. Longrigg, A. H. Ditchburn,* H. I. Lloyd,* and R. F. Jardine.*

Those marked * were still so employed in 1927, with the addition of C. Grice, A. J. B. Chapman, J. B. Glubb (p. 291). Gillan, Murray, Flaxman, Kettlewell, Reed, and Jeffreys had left 'Iraq, Pulley had died, and Longrigg and Hedgcock had moved to Finance. Thereafter no more Administrative Inspectors were recruited, except R. S. Stafford (1928–33), from the Sudan.

Longrigg S-4, 3 (ca. 1915-1940) MH1 Iraq MH1

a popular illiteracy still nearly universal; these included an Islamic Benevolent Society, a Cultural League, and a number of literary clubs.

Tribal life in these months passed through a generally tranquil period. Inveterate enemies in the Dulaym were reconciled, land communications to Syria by Dayr al-Zur precariously reopened, and a major settlement on the reopened Ṣaqlawiya Canal was carried out. Pro-Turkish Shammar elements recrossed into 'Iraq. The inlying Kurds made no history. The Diyalā tribes consented to the pacification of many of their long-standing feuds, and vigorous police action had good effect against obduracy. The settlement of Baghdad tribal sections on the redesigned Yusifiya Canal showed a new and hopeful pattern of regulated land-allotment. The middle-Tigris tribes were untroubled, surviving in peace the redistribution of 'Amara *muqaṭa'as* and the nagging claims of the Wali of Pusht-i-Kuh. In the Muntafiq alone the record was one of crime and restlessness, with violent reprisals and unpaid revenue. The situation, worsened by the wide possession of uncollected fire-arms, was due essentially to the persistent agrarian evils of the province, and could be but partially corrected by Police or Air Force action. The half-independent Shaykh of Zubayr provoked, at last, his own supersession by a normal Mudir. On the frontier of the Sultan of Najd—the title taken by ibn Sa'ud in 1920—the relations of the 'Iraqi Dhafir, 'Amarat, and outlying Muntafiq with the Ikhwan tribes were precarious since the influx in 1921 of fugitive Shammar elements into 'Iraq from the Sa'udi State. Minor raids were exchanged, neither Government being well able to control its border subjects; indeed, it was even whispered that the 'Iraqi monarch, in his private or dynastic capacity, was not unwilling that the anti-Hashimite Najdi prince should be thus harassed. The capture of Ha'il and extinction of the Rashidi State by ibn Sa'ud in November 1921 increased his prestige and pretensions. The appointment of a Sa'dun to command the 'Iraqi desert Camel Corps on the Najd frontier brought a further provocation to the irritated jealousies of both sides, that of personal enmity towards the Dhafir shaykh. The late winter of 1921–2 passed in daily expectation of larger-scale troubles, with the Ikhwan leader, Faysal al-Dawish, Shaykh of the Muṭayr, in aggressive mood.

Far more serious to the main fabric of 'Iraq were the conditions in these same months on its Turkish frontier and in 'Iraqi Kurdistan. The Turks, despite their total defeat in 1918, the abortive Treaty of Sèvres, and their own struggles for existence in Asia Minor, never ceased from offensive action on and across the Mosul border. They claimed the Mosul wilaya. Their National Pact of

7: International Bank N, S-4 (1951) 1952 MH1 Iraq MH1

V. Organization of Health Services

744 647 It is most important that a properly organized program should be established to carry out the suggested medical services and preventive health measures.

The existing organization for the health services is highly centralized—first within the Ministry of Social Affairs in Baghdad, then in the hands of the Chief Medical Officers of each province. The whole system appears to be too rigid throughout, without sufficient delegation of responsibility and without enough consultation among departments of the Ministry or with those of other Ministries. Certain medical problems (e.g. health in irrigation schemes, nutrition, etc.) concern other ministries or departments (irrigation, agriculture, education, etc.). To be really effective, boards or committees should include representatives of all groups concerned.

There is no general board of public health but there are various committees with different functions. The Director General of Health is responsible for the licensing of private practitioners and pharmacists, and he has a committee to assist him. But it is the Minister who sets up a committee to consider disciplinary Cases brought against practitioners or pharmacists by the Director General of Health. There is also a committee consisting of three Directors General and two other members nominated by the Minister who act in an advisory capacity to the Minister. It would be reasonable to expect the Directors General to be given wide powers without need for frequent reference to the Minister.

744 647 732 747 The health services have been repeatedly reorganized. The latest reorganization still does not appear to have defined very clearly the principal lines of responsibility. The Director General of Health is to be largely responsible for the curative services; a Director General of Health Affairs, for the public health services of Baghdad, Basra, Mosul, and Kirkuk, for the mobile dispensaries, and for health projects in cities, villages, and the countryside; and a Director General of Social Services, for the supervision of the administration of the institutions for the disabled and the blind, supervision of reformatories and health conditions in prisons and

7: International Bank N, S-4 (1951) 1952 MH1 Iraq MH1

for the promotion of 'social centers'. It is understood he will also "take an interest" in the numerous voluntary societies that undertake work of a social and medical nature.

While this organization does not seem satisfactory, no alternative can be suggested at the moment without further study. The Mission would recommend that a foreign public health administrator be appointed to advise the Minister of Social Affairs on the organization and further development of the health services. His appointment, incidentally, would enable the Professor of Preventive Medicine in the Royal Faculty of Medicine, who is at present also acting as adviser to the Ministry of Social Affairs, to devote his full time to teaching and research.

The public health administrator should have had wide experience in the Middle East or in a tropical or sub-tropical country. He should have a good knowledge of the English language. To assist him he will require the services on temporary appointment of a foreign epidemiologist and a public health or sanitary engineer. The epidemiologist would undertake a study of the most prevalent diseases and recommend the best methods of attacking them. The public health engineer should have had considerable experience, preferably in a state medical service in a tropical or sub-tropical country, and be able to speak English. He would advise on measures to be taken to improve sanitation and environmental hygiene throughout Iraq and assist, if necessary, in teaching at the Royal Faculty of Medicine.

The public health administrator would require sufficient and suitable transport for himself and his staff; he would also need adequate office accommodation and office staff for himself and his own expert staff (epidemiologist and public health engineer). He should have at all times direct access to the Minister of Social Affairs.

As a result of the studies made by this team of advisers, it may be possible to give the organization of the health services a clearer focus. In any such scheme the preventive aspects of public health will need to be featured much more prominently. Although the borderline between curative and prophylactic measures may not always be clear, it may prove feasible to have one division responsible for all the services primarily curative